

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53183

1. Entity Name

MEGA ENTERPRISES OF LAKE WORTH, INC.

Principal Place of Business

Mailing Address

~~958-S DIXIE HWY~~
LANTANA FL 33462
US

~~958-S DIXIE HWY~~
LANTANA FL 33462
US

2. Principal Place of Business

934 S. Dixie Hwy

3. Mailing Address

934 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana FL

City & State

Lantana FL

Zip

33462

Country

USA

Zip

33462

Country

USA

6. Name and Address of Current Registered Agent

JAAKKOLA, ANNE

~~958-S DIXIE HWY~~

~~LANTANA FL 33462~~

7. Name and Address of New Registered Agent

Name

Anne Jaakkola

Street Address (P.O. Box Number is Not Acceptable)

934 S. Dixie Hwy

City

Lantana

FL

Zip Code

33462

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD
NAME GRON, EINO ☐ Delete
STREET ADDRESS 4200 S. OCEAN BLVD #202
CITY-ST-ZIP S PALM BEACH FL

TITLE SV
NAME GRON, EINO ☐ Delete
STREET ADDRESS 4200 S. OCEAN BLVD #202
CITY-ST-ZIP S PALM BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90039 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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